			MONWEALTH ON FOR BOARI			ONS			
Return Completed Form To: Edwin Orange, Executive Director, Boards and Commission Governor's Office Room 100, State Capitol Frankfort, KY 40601 (FAX 502/564-0437)	ns		Please indicate Bo	oards/Commissio	ons you wis	sh to cons	sider		
Your Name (Last, First, Middle) Mr. Ms. Mrs.				*County		*Cong	*Congressional District		
Ars. Home Address		City		State		Zip	Zip		
Date of Birth				*Party Affiliation: Dem. Rep. Inc (Underline one)			1.	Race	
Your Occupation			Busine	ss Phone Numb	er & Fax N	umber	Reside	ence Phone Numbe	
Email address				Mobile				e Number	
Current Employer Busine			siness Address						
Spouse's Name Spous			ise's Employer						
EDUCATION AND GENI	ERAL QU	J <b>AL</b> ]	IFICATIONS:						
Level	Name of	Schoo	ol	No. Years Did you Attended Gradu				Major Course(s) of	
High School				Attended	Graduz	пе	Study		
College/Other									
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.									
HAVE YOU EVER BEEN CON	VICTED O	FAF	ELONY? IF	YES, PLEASE	INDICATE	E CHARO	GE, DAT	E AND PLACE.	
REFERENCES (List two persons	s not related	to yo	u, whom you have	known for at lea	st one year	:)			
Name	Address			Phone Number			Years Acquainted		

\*Necessary for certain boards to comply with state law in regard to balance CURRENT RESUME MAY ALSO BE SENT

DATE:	SIGNATURE: